

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004464

FILED
Feb 18, 2009
Secretary of State

Entity Name: BOSIO PROPERTIES, LLC

Current Principal Place of Business:

125 WEST GRIGGS AVE.
LAS CRUCES, NM 88001

New Principal Place of Business:

Current Mailing Address:

125 WEST GRIGGS AVE.
LAS CRUCES, NM 88001

New Mailing Address:

FEI Number: 20-1768607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LOPEZ, EDGAR
Address: 125 WEST GRIGGS AVE.
City-St-Zip: LAS CRUCES, NM 88001

Title: MGR () Delete
Name: FULLER, TABATHA
Address: 125 WEST GRIGGS AVE.
City-St-Zip: LAS CRUCES, NM 88001

Title: MGR () Delete
Name: FRIETZE, JOSE V
Address: 125 WEST GRIGGS AVE.
City-St-Zip: LAS CRUCES, NM 88001

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GRANGER, TABATHA
Address: 125 WEST GRIGGS AVE.
City-St-Zip: LAS CRUCES, NM 88001

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EDGAR LOPEZ

MGR

02/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date